

<b>Case Number:</b>	CM14-0133559		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	12/09/2004
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48-year-old female who has submitted a claim for disc displacement, neuralgia/neuritis, sprained shoulder/arm, RSD upper limb, sleep disturbance, and dysthymic disorder associated with an industrial injury date of 12/9/2004. Medical records from 4/15/09 up to 8/13/14 were reviewed showing constant and moderately to severe neck pain 6-7/10 with radiations to the bilateral upper extremities. Pain is associated with stiffness. She also complained of constant low back pain 8/10 with radiations to bilateral lower extremities. She reported constant bilateral wrist and hand pain 7/10 with associated weakness. She also stated constant bilateral knee pain 6-7/10 with associated weakness. She also complained of constant bilateral ankle and foot pain 6-7/10 in severity. She is experiencing psychological symptoms such as anxiety, depression, stress, and insomnia. On examination, her vitals were normal, her BMI was 33, and she has limited ROMs. Her gait is slow and guarded. She ambulates with a walker. Treatment to date has included weight loss program, aquatic therapy, HEP, Flexeril, Lyrica, Benadryl, Dermatol, Senokot, Lidoderm patch, and analgesic creams. Utilization review from 7/22/2014 denied the request for TR299401 Consultation With Specialist For Weight Loss Treatment Quantity 1 and TR299402 Weight Loss Program Quantity 1. While the patient has attempted weight loss in the past, she was unsuccessful due to inability to increase physical activity. There was no documentation of prior weight loss attempts including some behavioral therapies. These treatments should have been utilized first before a formal medically supervised program or consultation would be warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TR299401 CONSULTATION WITH SPECIALIST FOR WEIGHT LOSS TREATMENT QUANTITY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127 Other Medical Treatment Guideline or Medical Evidence: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. As stated on Aetna Clinical Policy Bulletin on Weight Reduction Medications and Programs, clinical supervision of weight reduction programs up to a combined limit of 26 individual or group visits per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese. In this case, the patient has a BMI of 33.3 kg/m<sup>2</sup>, which could benefit from a weight loss program. However, the patient said that the reason why it is difficult for her to lose weight is because she has not increased her physical activity and continues to live a sedentary lifestyle. There was no documentation of behavioral therapy, dietary modification and exercise routines performed, which should be utilized first before a formal medically supervised program. Therefore the request for Consultation With Specialist For Weight Loss Treatment Quantity 1 is not medically necessary.

**TR299402 WEIGHT LOSS PROGRAM QUANTITY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

**Decision rationale:** The California MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient's BMI is 33.3

kg/m<sup>2</sup> and also has obstructive sleep apnea. However, it was noted that the patient has attempted to lose weight in the past but has failed due to continuously being sedentary. She did not increase her physical activity. There was no evidence that behavioral therapies, dietary modification and exercise routines, were first utilized to address the problem. In addition, there was no documentation of failed attempts to lose at least one pound a week after 6 months on a weight loss regimen. Therefore the request for Weight Loss Program Quantity 1 is not medically necessary.